Central Health Programme during the last three years, month-wise;

(b) the manner in which the amount has been utilised by the State Government with details of the programmes covered; and

(c) what are the details of assistance proposed to be given to Government of Rajasthan for the above programme during the next plan?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) Under the Constitution, State Governments are responsible for delivery of Health Care Services in their respective States. However, Central Government, through some Centrally Sponsored Schemes, assist the State Governments for centrol/eradication of certain diseases.

(c) The 8th Five Year Plan (1992-97) and Annual Plan 1992-93 have not been finalised as yet.

Family Planning Programme in Populous States

1939. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have decided to concentrate on the four populous northern States of Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan under the family planning programme;

(b) whether an action plan is being formulated in this regard;

(c) if so, the details thereof; and

(d) the extent to which the population growth in these States is likely to be checked?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) to (d) To impart a new thrust and dynamism to the Family Welfare Programme, a draft Actioa Plan lias been evolved in consultation with State Governments/Union Territories Administration- One of the key element of the Action Plan is adoption of a special strategy for 90 districts in the country, where the birth rate is 39 or more per thousand (1981 Census). 83 of these districts are located in the States of Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan. The Action Plan envisages the following steps to improve the programme performance in these districts:—

(i) Micro-level planning will have to be done by the States to identify the needs on a realistic basis for reduction in birth rate in these districts. Resources will be allocated for strengthening of infrastructure and provision of other essential inputs after taking into account the inputs already provided in these districts, through Area Development Projects and other special projects, if any.

(ii) All posts at grass root level of family welfare workers and supervisory officers would be filled up and only motivated officers with excellent record in these districts would be posted.

(iii) Priority for construction of sub-centres and buildings for other health institutions would be given in these districts under the Area Development Projects.

(iv) Intensive training of medical and para-medical personnel would be organised.

(v) Imaginitive IEC programmes de signed to increase family planning ac ceptance by all sections of the so-ciety would be launched through methods best suited to individual needs.

(vi) In order to improve the inters personal communication efforts at the grass root level, a scheme of link volunteers would be implemented in these districts on a pilot basis. The Department of Women and Child Development would be requested to cover all the 90 districts with ICDS programme and suitable linkages developed at

the service delivery with ICDC programme with ICDS functionaries to deliver health, nutrition and family welfare services as a package.

(vi) The District Collectors would be fully involved in coordination/ supervision of the Family Welfare Programme related activties in these districts.

It is proopsed to finalise the Action Plan over a period of next 2-3 months after a high level meeting with Health Ministers of States/UTs. It is expected that the full operationalisation of Action Plan will make a marked impact on the population control efforts in these States.

इलैक्ट्रोपैथी/इलैक्ट्रोहोमियोपैथी के बारे में प्रतिवेदन

1940. **श्री सत्य प्रकाश मालवीय :** क्या स्वास्थ्य और परिवार कल्याण मंत्री 27 नवम्बर, 1991 को राज्य सभा में अतारांकित प्रश्न संख्या 518 के दिए गए उत्तर को देखेंगे और यह बताने की कृपा करेंगे कि यह मामला किस न्यायालय में लंबित है और और इस संबंध में ब्यौरा क्या है तथा क्या न्यायालय ने इस मामले में कोई स्थगन आदेश दिया है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारादेवी सिद्धार्थ) : इलाहाबाद उच्च-न्यायालय ने अपने दिनांक 29-10-1991 के आदेश द्वारा 1991 की सिविल विविध रिट याचिका संख्या 31489-नेचुरो-इलेक्ट्रो होम्यो मेडिकोस आफ इण्डिया, इलाहाबाद, जो इसके अध्यक्ष द्वारा दायर की गई थी, बनाम स्वास्थ्य सेवा महानिदेशक, नई दिल्ली और तीन अन्य—में प्रतिवादियों पर इलेक्ट्रोपैथी/इलेक्ट्रो-होम्योपैथी चिकित्सा पद्धति को मान्यता देने और भारत में नई पांचवी इलेक्ट्रोपैथी चिकित्सा पद्धति के विकास, संवर्धन और अनुसंधान के लिए भारत के नेचुरो इलेक्ट्रो होम्योमेडिकोज को प्राधिकृत करने के प्रयोजन के लिए विशेषज्ञ समिति के दिनांक 16-5-1991 के पत्र द्वारा स्वास्थ्य और परिवार कल्याण उप मंत्री के दिनांक 14-6-91 के पत्र को छोड़कर अन्य सभी प्रकार की सामग्री को आधार बनाने पर रोक लगा दी थी ।

अत: दिनांक 4-11-1991 को प्रस्तुत की गई विशेषज्ञ समिति की रिपोर्ट को इस प्रयोजन के लिए इस्तेमाल नहीं किया जा सकता और सरकार ने माननीय उच्च न्यायालय के दिनांक 29-11-1991 के आदेश के विरुद्ध एक अपील दायर करने का निर्णय किया ताकि इस मामले पर विशेषज्ञ समिति द्वारा उसकी दिनांक 4-11-1991 की रिपोर्ट में की गई सिफारिशों के आधार पर उद्देश्य-पूर्ण निर्णय किया जा सके ।

List of Ayurvedic drugs

List of Ayouvedic drugs

1941. SHRI CHATURANAN MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to formulate an essential Ayurvedic drug list of medicines used for national health programmes;

(b) if so, the details thereof; and

(c) whether Government also propose to publish a list of ayurvedic drugs which are rational and hazardous?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K-THARA DEVI SIDDHARTHA): (a) and (b) No, Sir. There is no such proposal.

(c) Ayurvedic drugs prepared in accordance with the formula described in classical texts are time tested and usually not hazardous when used in prescribed doses- As such there is no proposal for preparing any such list.

गोविन्द बल्लभ पन्त अस्पताल द्वारा खरीदे गए उपस्कर

1942. **श्री रघुनाथ सिंह :**
श्री राम जेठमलानी :

क्या स्वास्थ्य और परिवार कल्याण मंत्री 27 नवम्बर, 1991 को राज्य सभा में अतारांकित प्रश्न 540 के दिये गये